

Combined Full Reports (PDFs/PFFs)

Reports in this file:

(in order as they appear in the document)



1. NYSID No.		2. OBTS No.		New York State ARREST REPORT				3. Case No. -16-449012				4. Ref. No. 257369				4b.									
5. Filing		6. Arrest No.		7. Agency 02 Onondaga County Sheriff				8. Division/Pre GIVE																	
9. Defendant Information										10. Alias/Nickname/Maiden Name (Last, First Middle)		11. Phone Number () -													
12. Defendant Information										13. City Syracuse		14. State NY		15. Zip 13205											
16. Date of Birth										17. Age 22		18. Sex M		19. Race Black		20. Ethnicity Non Hisp		21. Skin Dark		22. Hgt 5' 08"		23. Weight 165			
24. Hair BLK		25. Eyes BRO		26. Glasses No		27. Build Medium		28. Marital Status Single		29. U.S. Citizen Yes		30. Citizen of													
31. Social Security No.		32. Education 11		33. Religion Catholic		34. Occupation None		35. Employed No		36. Scars/Marks/Tattoos (Describe) None															
37. Arresting Officer Deputy M. Maguet				38. ID No. 1776		39. Assisting Officer Sgt. M. Hoosock				40. ID No. Agency 1703 02 Onondaga County Sheriff				41. Arrest Date 09/08/2016		42. Time 17:25									
43. Location of Arrest		44. Address No. 148		45. Prefix		46. Street Name Gifford				47. Street Type ST		48. Suffix		49. Bldg #		50. Apt #		51. City Syracuse		52. State NY		53. Zip 13204			
44. Juvenile No				45. Defendant Condition At Arrest Appeared Normal				46. Weapon(s) At Arrest None/Not Applicable				47. Co-defendants Arrest No													
48. Miranda No		49. Miranda By		50. Miranda Date / /		51. Miranda Time :		52. Statements None		53. Status		54. Search Warrant No		55. ID Procedure None											
56. Arraignment Court C/Syracuse				57. Arraignment Judge Presiding		58. Date 09/09/2016		59. Time 09:30		60. Property No		61. Evidence No		61a. Processed by		61b. Disposition									
62. Incident No. 01/16-330659				63. Arrestee Status Held		64. Bail Amount \$		65. Bondsman		66. Photo No.		67. Arrest Type BW		68. Warrant No. 16330659											
69. Arrest FOA Yes		70. Other Agency SPD		71. F/P Taken Yes		72. Location of Offense City		73. City/Town/Village Syracuse		74. County Onondaga		75. State NY													
73. Offense Date 06/17/2016		74. No. Offenders 01		75. No. Victims 01		76. Return Court		77. Return Judge		78. Return Date / /		79. Time :													
80. Defendant / Case TOT Agency				80a. Officer's Name				80b. ID No.		81. Time :		82. Date / /													
83. Law										Article & Section		Sub	Class	Category	Degree	Attempt	Offense Name		Count	Age	Victim Sex	Handicap	Assoc No.		Type
PL										12014		01	A	M	2	N	Menacing		01						OTH
PL										26501		02	A	M	4	N	Criminal Possession Weapon		01						OTH

1. NYSID No.		2. OBTS No.		New York State ARREST REPORT				3. [Redacted]		4. Ref. No.		4b.																																																																																	
5. FBI No.		6. Arrest No.		7. Agency <i>Syracuse Police Dept</i>		8. Division/Preinct <i>Patrol / 01</i>		4a.																																																																																					
9. Name (Last, First, Middle) <div style="background-color: yellow; height: 20px; width: 100%;"></div>				10. Alias / Nickname / Maiden Name (Last, First, Middle)				11. Phone Number																																																																																					
DEFENDANT INFORMATION	13. City, State, Zip (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> <i>Syracuse</i>				14. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Unk				15. Place of Birth <i>Syracuse</i>																																																																																				
	16. Date of Birth <div style="background-color: yellow; height: 20px; width: 100%;"></div>		17. Age <i>22</i>		18. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		19. Race <input type="checkbox"/> Indian <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown		20. Ethnic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown		21. Skin <input checked="" type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown																																																																																		
	22. Height <i>5' 8"</i>		23. Weight <i>165</i>		24. Hair <i>Brn</i>		25. Eyes <i>Brn</i>		26. Glasses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Build <input checked="" type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large																																																																																		
	28. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Unk		29. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		30. Citizen of <i>U.S</i>																																																																																								
31. Social Security No. <div style="background-color: yellow; height: 20px; width: 100%;"></div>				32. Education <i>12</i>		33. Religion <i>Christian</i>		34. Occupation <i>-</i>		35. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. Scars / Marks / Tattoos (Describe)																																																																																	
ARREST INFORMATION	37. Arresting Officer <i>G. Fumo</i>		38. ID No. <i>060</i>		39. Assisting Officer <i>A. Tharrett</i>		40. ID No. <i>384</i>		41. Arrest Date <i>6/17/14</i>		42. Time <i>0503</i>		43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> <div style="background-color: yellow; height: 20px; width: 100%;"></div>																																																																																
	44. Juvenile <input type="checkbox"/> Juv - No Further Process <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		45. Condition of Defendant At Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Impaired Alco <input checked="" type="checkbox"/> In/III <input checked="" type="checkbox"/> App Normal		46. Weapon(s) at Arrest <i>Kitchen Knife</i>		47. Co-defendants Arrest No.																																																																																						
	48. Miranda <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Miranda By <i>-</i>		50. Miranda Date <i>6/17/14</i>		51. Miranda Time <i>-</i>		52. Statements <input checked="" type="checkbox"/> Written <input type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail / ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																
	55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> Photo <input checked="" type="checkbox"/> Show Up		56. Arraignment Court <i>Syracuse Criminal</i>		57. Arraignment Judge <i>Presiding</i>		58. Date <i>6/17/14</i>		59. Time <i>0930</i>		60. Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		61. Evidence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																
CHARGE INFORMATION	62. Incident No. <i>-</i>		63. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input checked="" type="checkbox"/> Held <input type="checkbox"/> App Tkt <input type="checkbox"/> Rel to 3rd Party		64. Bail Amount <i>-</i>		65. Bondsman <i>-</i>		66. Photo No. <i>-</i>																																																																																				
	67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input checked="" type="checkbox"/> CIP <input type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT		68. Warrant No. <i>-</i>		69. Arrest FOA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		70. Other Agency <i>-</i>		71. F/P Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																				
	72. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> <i>Syracuse Onondaga NY</i>		73. Offense Date <i>6/17/14</i>		74. No. Offenders <i>01</i>		75. No. Victims <i>01</i>		76. Return Court <i>-</i>		77. Return Judge <i>-</i>		78. Return Date <i>6/17/14</i>																																																																																
	79. Time <i>6:40</i>		80. Defendant/Case TOT Agency		80a. Officer's Name <i>(B) 80643</i>		80b. ID No.		81. Time		82. Date																																																																																		
ASSOCIATED PERSONS INFORMATION	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>83. Law</th> <th>Article & Section</th> <th>SUB</th> <th>CL</th> <th>CAT</th> <th>DEG</th> <th>ATT</th> <th>NAME OF OFFENSE</th> <th>CTS</th> <th>NCIC CODE</th> <th>VICTIM Age Sex Handicap</th> <th>ASSOC. NO.</th> <th>TYPE</th> </tr> </thead> <tbody> <tr> <td>PL</td> <td>120.14</td> <td>01</td> <td>A</td> <td>M</td> <td>2</td> <td>N</td> <td>Menacing</td> <td>01</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH</td> </tr> <tr> <td>PL</td> <td>245.01</td> <td>02</td> <td>A</td> <td>M</td> <td>4</td> <td>N</td> <td>CPW</td> <td>01</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NCIC Neg.</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>F-13</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(B) 80643</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH</td> </tr> </tbody> </table>														83. Law	Article & Section	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS	NCIC CODE	VICTIM Age Sex Handicap	ASSOC. NO.	TYPE	PL	120.14	01	A	M	2	N	Menacing	01				<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH	PL	245.01	02	A	M	4	N	CPW	01				<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH								NCIC Neg.					<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH								F-13					<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH								(B) 80643					<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH	
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Type		Name (Last, First, Middle)		Street Number and Name		City, State, Zip		Phone Number																																																																																					
NARRATIVE	<p>85. on the above date, time and location the above defendant was arrested on the above listed charges.</p> <p>Transported to the Justice Center who incidentally back seat / warrant check negative</p> <p>Unit 412A Sgt Raymond notified</p>																																																																																												
	<p>86. Arresting Officer's Signature <i>[Signature]</i></p>																																																																																												
	<p>87. ID No. <i>060</i></p>																																																																																												
	<p>88. Supervisor's Signature <i>[Signature]</i></p>																																																																																												
<p>89. ID No. <i>118</i></p>																																																																																													
<p>90. Arrest Made As A Result Of a SAFIS Latent Print Identification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>																																																																																													
<p>91. <i>Tharrett 384</i></p>																																																																																													
<p>92. <i>Tharrett 384</i></p>																																																																																													
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<p>94. Page <i>1</i> of <i>1</i> pages</p>																																																																																													

STATEMENT

CENTRAL RECORDS

STATE OF NEW YORK
COUNTY OF ONONDAGA
CITY OF SYRACUSE

TIME STARTED 0637

DR # [REDACTED]

I, [REDACTED], being duly sworn, state I am 49 years of age [REDACTED] and my address is [REDACTED]. My occupation is Cashier, my work address is [REDACTED] and I have completed 0 years of school. I can be reached at the following phone numbers, [REDACTED] home and [REDACTED] work.

I [REDACTED], Am giving this Statement to Officer Fluno of the Syracuse Police Department on my own free will. This statement is the truth and to the best of my knowledge.

The male with the knife came into the store asking for free coffee. I denied him free coffee and he became irate and went outside of the store to the sidewalk at 500 S. SALINA ST. While outside the suspect began hitting the door then entered the store.

I then went outside and told the man he had to leave as he was disrupting my business hours. While outside the man began saying "YOU ARE ARABIC and you kill people, I will kill you!" While saying that he pulled out a large black handled knife about 5-6 inches long and began to "Jab" it towards me. I kept BACKING AWAY and made it back inside the food mart. I went inside the store and called 911, while on the phone the man came into the door way and started to wave the knife once again saying "if I go to jail, I will kill you. I will have my people shoot you!"

At that time I believe the suspect saw the police car and ran from the store.

Because of the man's actions I was scared and in fear for my life. I desire prosecution at this time.

End of Statement

TIME ENDED 0650

I have read this statement (had this statement read to me) which consists of 1 page (s) and the facts contained therein are true and correct to the best of my knowledge.

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

Affirmed [REDACTED] y, this 17 day of June, 20 16. [Signature] 260
signature [REDACTED] witness [Signature]

STATEMENT

STATE OF NEW YORK
COUNTY OF ONONDAGA
CITY OF SYRACUSE

GENERAL RECORDS

TIME STARTED 6:10 Am

DR #

I, [REDACTED] being duly sworn state I am 22 years of age [REDACTED] and my address is [REDACTED] My occupation is Student, my work address is [REDACTED] and I have completed 12 years of school. I can be reached at the following phone numbers, [REDACTED] home and [REDACTED] work.

I [REDACTED] Am giving this statement to officer Fluro of the Syracuse Police Department on my own free will. This statement is the truth and to the best of my knowledge. ^{while inside} ~~Before I entered~~ the City Food Center located at 500 S. Salina Street, I looked out of the store window to the outside and saw the store employee trying to walk backwards faster and faster while trying to avoid a Black male making "stabbing" motions with a Black handled kitchen knife about 8-10 inches long. The store employee was able to get back inside the store safely. At that time the man with the knife walked away for about a minute and returned to the threshold of the door entering the store stating "I am going to kill you this is not the end of this" while continuing to wave the knife. At that time the male saw me on the phone with 911 AND He had left the area. I then went out side to the corner of W. ONONDAGA street and S. Salina and saw a marked police car. I showed to police officer the man who had the knife and continued to walk down W. ONONDAGA street, while walking I watched to man throw the knife into the bushes before the police made contact. I Am giving this statement because I believe the store employee was in fear of his life and believe the man with the dangerous behavior should be arrested.

End of statement

TIME ENDED 6:27

I have read this statement (had this statement read to me) which consists of 1 page (s) and the facts contained therein are true and correct to the best of my knowledge.

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

Affirmed under the penalty of perjury, this 17 day of June, 2016

signature

witness

CNYLEADS Report Packet
Crime Scene Investigation Report

Agency Name
Syracuse Police Department

ORI [REDACTED]		Location Code 3401		Incident Complaint Number [REDACTED]	
Incident Type MENA	Incident Occurred Date / Time 06/17/2016 05:43		Follow-up / Supplemental Date / Time 06/17/2016 06:10		
Incident Address: Number 500	Prefix S	Street Name Salina		Street Type ST	Suffix [REDACTED]
Related DR Number -					

Select Page(s) to use & go to page	Select Page(s)
<input checked="" type="checkbox"/> INCIDENT PAGE	<input checked="" type="checkbox"/>
<input type="checkbox"/> SCENE DESCRIPTION	<input type="checkbox"/>
<input type="checkbox"/> INVOLVED PERSONS	<input type="checkbox"/>
<input type="checkbox"/> BODY	<input type="checkbox"/>
<input type="checkbox"/> VEHICLE	<input type="checkbox"/>
<input type="checkbox"/> WEAPONS	<input type="checkbox"/>
<input checked="" type="checkbox"/> PROPERTY PAGE 1	<input checked="" type="checkbox"/>
<input type="checkbox"/> PROPERTY PAGE 2	<input type="checkbox"/>
<input type="checkbox"/> PROPERTY PAGE 3	<input type="checkbox"/>
<input type="checkbox"/> PROPERTY PAGE 4	<input type="checkbox"/>
<input type="checkbox"/> PROPERTY PAGE 5	<input type="checkbox"/>
<input type="checkbox"/> VEHICLE INVENTORY	<input type="checkbox"/>
<input checked="" type="checkbox"/> NARRATIVE PAGE 1	<input checked="" type="checkbox"/>
<input type="checkbox"/> NARRATIVE PAGE 2	<input type="checkbox"/>
<input type="checkbox"/> NARRATIVE PAGE 3	<input type="checkbox"/>
<input type="checkbox"/> NARRATIVE PAGE 4	<input type="checkbox"/>
<input type="checkbox"/> NARRATIVE PAGE 5	<input type="checkbox"/>
<input type="checkbox"/> NARRATIVE PAGE 6	<input type="checkbox"/>

SIGN

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY

PRINT NAME

Joseph Taylor

ID#

0441

SIGNATURE

Electronically Signed

Administrative Use Only

SUPERVISOR NAME (PRINT)

Sgt Raymon

ID# APPROVED DATE

0399 06/17/16

APPROVED BY SIGNATURE

Approved Electronically 4

Records Use Only

0807

Page

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of

CNYLEADS CS Incident Page

INCIDENT / PERSONS	Agency Name Syracuse Police Department				ORI: [REDACTED]	Location Code 3401	Beat 480	DR Number [REDACTED]			
	Incd. Address Num 500	Prefix S	Street Name Salina		Street Type ST	Suffix	Bldg.	APT#	City Syracuse	State NY	Zip 13202
	Incident Type MENA	Incident Date / Time 06/17/2016 05:43		Follow-up / Supplemental Date / Time 06/17/2016 06:10		CSU Ntfd Date //	CSU Ntfd Time :	CSU Arvl Date //	CSU Arvl Time :	CSU Clear Date //	CSU Clear Time :
	Person Type VI	Victim Type Individual	Last [REDACTED]	First [REDACTED]	Middle	Date of Birth [REDACTED]	Business Name				
SCENE	Person Type	Victim Type	Last	First	Middle	Date of Birth //	Business Name				
	Person Type SU	[REDACTED]									
	Person Type		Last	First	Middle	Date of Birth //					
	Weather Conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other:										
VEHICLE	Scene Description Outdoor scene in 500 blk of S. Clinton St across from Dickerson St.										
	Persons Present P.O. A. Tharrett, P.O. J. Fluno, Sgt. Raymond										
	Weapons Present (01) Black handle steak knife with silver blade.										
	Valuables Present										
BODY	Drugs/Medications Present										
	Plate #	State	Year	Make	Model	Style	Color				
	VIN Number				Vehicle Towed By			Vehicle Towed To			
	Vehicle Description										
EVIDENCE	Body Description (Condition, Position, Clothing)										
	Wounds, Injuries, Location of										
	Date Pronounced //	Time Pronounced :	Pronounced By			Body Photographed	Property Recovered	Photographed at MEO			
	Photography <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Film Quantity:		<input type="checkbox"/> Latents/Footwear		<input type="checkbox"/> Other:			Sketcher	Measurer		
NARRATIVE	Search Method <input checked="" type="checkbox"/> Strip <input type="checkbox"/> Grid <input type="checkbox"/> Spiral <input type="checkbox"/> Zone <input type="checkbox"/> Other:		Search Area								
	Search Locations: <input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings <input type="checkbox"/> Sinks <input type="checkbox"/> Toilets <input type="checkbox"/> Drawers <input type="checkbox"/> Under Furniture <input type="checkbox"/> Trash <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Point of Entry <input type="checkbox"/> Point of Egress <input type="checkbox"/> Other										
	Physical Evidence Exams <input type="checkbox"/> Latent Exams <input type="checkbox"/> Footwear <input type="checkbox"/> Residue <input type="checkbox"/> Blood/Stain <input type="checkbox"/> Hairs/Fibers <input type="checkbox"/> Guns/Firearms <input type="checkbox"/> Drugs <input type="checkbox"/> Flammables <input type="checkbox"/> Other:										
	Narrative On Friday, 17 June 2016 @ 0610 hrs while assigned to Unit 536A, I responded to 500 blk of S. Clinton St in regards to a menacing complaint. Upon arrival I spoke with Unit 432A, Ofc. Tharett who stated she located a male matching the description of the suspect who menaced a store employee in the 500 blk of S. Salina St. Ofc. Tharett stated she located a knife in a parking lot between S. Salina St and S. Clinton St. I then used Syracuse Police issued Nikon D3100 camera to photograph the scene. At 0616 hrs I collected (01) black handle steak knife with silver blade which was laying in the grass in a cut between bushes which lead out to the sidewalk on S. Clinton St. The										
SIGN	Scene Secured Date //	Scene Secured Time :	Scene Sealed	Officer Left at Scene	Platoon Commander Notified	Who Notified					
	False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFFIRMED UNDER PENALTY OF PERJURY					Administrative Use Only					
	PRINT NAME Joseph Taylor		ID# 0441	SIGNATURE Electronically Signed		SUPERVISOR NAME (PRINT) Sgt Raymon		ID# 0399	APPROVED DATE 06/17/16	APPROVED BY SIGNATURE Approved Electronically	Page 2 of 4

CNYLEADS CS Property Page 1

Agency Name Syracuse Police Department				ORI: [REDACTED]	Location Code 3401	Beat 480	DR Number [REDACTED]		
Incd. Address Num 500	Prefix S	Street Name Salina	Street Type ST	Suffix	Bldg.	APT#	City Syracuse	State NY	Zip 13202
Item # 01	Recovery Date 06/17/2016	Recovery Time 06:16	Location of Recovery 500 S. Clinton St			Collected By IBM, Name or Initials Taylor 0441			
Description of Item (Object, Make, Model, Color, Size, Etc) (01) black handle steak knife with silver blade.						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
Item #	Recovery Date //	Recovery Time :	Location of Recovery			Collected By IBM, Name or Initials			
Description of Item (Object, Make, Model, Color, Size, Etc)						Serial #, Caliber, Miscellaneous			
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY						Administrative Use Only			
PRINT NAME Joseph Taylor		ID# 0441		SIGNATURE Electronically Signed		SUPERVISOR NAME (PRINT) Sgt Raymon		ID# APPROVED DATE APPROVED BY SIGNATURE 0399 06/17/16 Approved Electronically	

SIGN

3

4

CNYLEADS CS Narrative Page 1

Agency Name Syracuse Police Department				ORI: [REDACTED]		Location Code 3401		Beat 480		DR Number [REDACTED]			
Incd. Address Num 500	Prefix S	Street Name Salina	Street Type ST	Suffix	Bldg.	APT#	City Syracuse		State NY	Zip 13202			
<p>knife was placed into a knife evidence box and subsequently turned into Syracuse Police rm 18 as evidence. For further information regarding above incident please see other reports under same DR#.</p>													
<p>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</p>				Administrative Use Only									
PRINT NAME Joseph Taylor				ID# 0441		SIGNATURE Electronically Signed		SUPERVISOR NAME (PRINT) Sgt Raymon		ID# 0399		APPROVED DATE 06/17/16	APPROVED BY SIGNATURE Approved Electronically

CNYLEADS Report Cover Page

Agency Name

Syracuse Police Department

Incident Complaint Number

[REDACTED]

Related DR Number

-

Incident Type

MENA

Officer Name

Gerald Fluno

Select Page(s) to
use & go to page

Select
Page(s)

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CNYLEADS Incident Report Form 3.6 (Rev. 2/07)

Agency Name Syracuse Police Department										ORI: [REDACTED]		Location Code 3401		Beat 480		1. DR Number [REDACTED]													
2. Incd. Address Num 550		Prefix S		Street Name Salina			Street Type ST		Suffix		Bldg.		APT#		3. City Syracuse		4. State NY		5. Zip 13205										
6. Incident Type MENA				7. Premise Name City Food Mart				8. Alarm #		9. Occurred Date/ Time 06/17/2016 05:40				10. To Date/ Time 06/17/2016 05:43															
11. Disp. Address Num 550		Prefix S		Street Name Salina			Street Type ST		Suffix		Bldg.		APT#		12. City Syracuse		13. Dispatched Date / Time 06/17/2016 05:42												
INCIDENT		Weapon 1 A 11		Weapon 2 B 77		Weapon 3 C 77		Incident Location Type D 37		Larceny Type E 77		Bias Crime F 77		Burglary Force G 77		Burglary Entry H 77		Significant Event (Clery only) I											
1. Person Type VI		2. Victim Type Individual		3. Last [REDACTED]			First [REDACTED]			Middle			4. Suffix		5. Business Name														
6. Alias/Nickname/Maiden Name							7. Race I		8. Ethnicity U		9. Sex M		10. DOB [REDACTED]		11. Age 49		12. Hgt 1 "		13. Wgt		14. Hair GRY		15. Eye BRO						
16. Address: Num [REDACTED]		Prefix		Street Name [REDACTED]			Street Type [REDACTED]		Suffix		Bldg.		APT#		17. City Syracuse				18. State NY										
19. Zip [REDACTED]		20. Resident Status (Clery only)				21. Home Phone () -				22. Cell Phone [REDACTED]				23. Soc. Sec. # - -		23A. Student ID # (Clery only)				24. Scars / Marks / Tattoos									
25. Describe:										26. Skin L		27. Eyewear		28. Employer															
29. Work Phone [REDACTED]				30. Occupation Grocery clerk				31. Address Num 550		Prefix S		Street Name Salina				Street Type ST		Suffix											
Bldg.		Suite#		32. City Syracuse			33. State NY		34. Zip 13205		35. Apparent Condition Normal				36. Handicapped N		37. Nature of Ill / Inj 77		38. Med. Treatment 77										
39. Subject description, actions, etc 1 victim of menacing																													
1. Person Type AR		2. Victim Type		3. Last [REDACTED]			First [REDACTED]			Middle			4. Suffix		5. Business Name														
6. Alias/Nickname/Maiden Name							7. Race B		8. Ethnicity N		9. Sex M		10. DOB [REDACTED]		11. Age 22		12. Height 5' 08"		13. Weight 165		14. Hair BLK		15. Eye BRO						
16. Address: Num [REDACTED]		Prefix		Street Name [REDACTED]			Street Type AV		Suffix		Bldg.		APT#		17. City Syracuse				18. State NY										
19. Zip 13208		20. Resident Status (Clery only)				21. Home Phone () -				22. Cell Phone () -				23. Soc. Sec. # - -		23A. Student ID # (Clery only)				24. Scars / Marks / Tattoos									
25. Describe:										26. Skin		27. Eyewear		28. Employer															
29. Work Phone () -				30. Occupation				31. Address Num		Prefix		Street Name				Street Type		Suffix											
Bldg.		Suite#		32. City Syracuse			33. State		34. Zip		35. Apparent Condition Unknown				36. Handicapped N		37. Nature of Ill / Inj 77		38. Med Treatment 77										
39. Subject description, actions, etc 2 arrested for menacing with a knife																													
1. Owner Person 2		2. Status 06		3. Desc. Code 40		4. Quantity 01		5. Measure		6. Item Black handled steak knife																			
7. Make unknown				8. Drug Type		9. Model unknown				10. Serial Number unknown				11. Gun Type		12. Gun Caliber		13. Value \$ 1.00											
1. Code		2. Plate #		3. State		4. Expiration / /		5. Reg. Type		6. Imp. Plate		7. VIN/HULL #										8. # Occ.							
9. Year		10. Make				11. Model				12. Style		13. Color		14. Vehicle Value		15. Damage Est.		16. Weapon in Veh		17. NCIC Ck									
18. Vehicle Description / Damage																													
19. Towed		20. Owner Notif		21. Hold		22. Reason				23. To/By Tow Company								24. Truck # / Tow Operator											
1. CASE STATUS: Closed				2. CLOSED BY: Arrest				DISPOSITION: (SU only)				3. NYS PIN MSG:				4. DATE / /		5. TIME :		Records Use Only 0807									
6. NOTIFIED UNIT:				7. PERSON NOTIFIED:				8. NOTIFIED DATE TIME: / / :				9. CASE RESPONSIBILITY/TOT:				Lab Submission Request N													
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFFIRMED UNDER PENALTY OF PERJURY										Administrative Use Only																			
10. PRINT NAME Gerald Fluno										11. ID# 0060				12. SIGNATURE Electronically Signed				13. SUPERVISOR NAME (PRINT) Sgt D Deegan				14. ID# APPROVED DATE 0118 06/17/2016				15. APPROVED BY SIGNATURE Approved Electronically			

CNYLEADS Involved Persons 3-5 Supplement

DR #

I n v o l v e d P e r s o n	1. Person Type WI	2. Victim Type	3. Last [REDACTED]	First [REDACTED]	Middle	4. Suffix	5. Business Name						
	6. Alias/Nickname/Maiden Name			7. Race W	8. Ethnicity N	9. Sex F	10. DOB [REDACTED]	11. Age 22	12. Hgt 5' 11"	13. Wgt	14. Hair BRO	15. Eye BRO	
	16. Address: Num 500	Prefix S	Street Name Salina		Street Type ST		Suffix	Bldg.	APT#	17. City Syracuse		18. State NY	
	19. Zip 13205	20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone [REDACTED]		23. Soc. Sec. # - -		23A. Student ID # (Clery only)		24. Scars/Marks/Tattoos	
	25. Describe:							26. Skin L	27. Eyewear		28. Employer		
3	29. Work Phone () -		30. Occupation		31. Address Num		Prefix	Street Name			Street Type	Suffix	
	Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition Normal		36. Handicapped N	37. Nature of Ill/Inj 77	38. Med Treatment 77	
	39. Subject description, actions, etc witnessed suspect menace victim												
	I n v o l v e d P e r s o n	1. Person Type	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
		6. Alias/Nickname/Maiden Name			7. Race	8. Ethnicity	9. Sex	10. DOB / /	11. Age	12. Hgt 5' 11"	13. Wgt	14. Hair	15. Eye
16. Address: Num		Prefix	Street Name		Street Type		Suffix	Bldg.	APT#	17. City		18. State	
19. Zip		20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # - -		23A. Student ID # (Clery only)		24. Scars/Marks/Tattoos	
25. Describe:							26. Skin	27. Eyewear		28. Employer			
4	29. Work Phone () -		30. Occupation		31. Address Num		Prefix	Street Name			Street Type	Suffix	
	Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment	
	39. Subject description, actions, etc												
	I n v o l v e d P e r s o n	1. Person Type	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
		6. Alias/Nickname/Maiden Name			7. Race	8. Ethnicity	9. Sex	10. DOB / /	11. Age	12. Hgt 5' 11"	13. Wgt	14. Hair	15. Eye
16. Address: Num		Prefix	Street Name		Street Type		Suffix	Bldg.	APT#	17. City		18. State	
19. Zip		20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # - -		23A. Student ID # (Clery only)		24. Scars/Marks/Tattoos	
25. Describe:							26. Skin	27. Eyewear		28. Employer			
5	29. Work Phone () -		30. Occupation		31. Address Num		Prefix	Street Name			Street Type	Suffix	
	Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment	
	39. Subject description, actions, etc												
	False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFFIRMED UNDER PENALTY OF PERJURY						Administrative Use Only						
	PRINT NAME Gerald Fluno		ID# 0060	SIGNATURE Electronically Signed		SUPERVISOR NAME (PRINT) Sgt D Deegan		ID# 0118	APPROVED DATE 06/17/2016	APPROVED BY SIGNATURE Approved Electronically		Page 3	of 5

CNYLEADS

Offense Page

DR #

	1. Law Type	2. Section	3. Sub	4. Class	5. Cat	6. Degree	7. Attempt	8. Offense Name	9. Count
1	PL	12014	01	A	M	2	N	Menacing	01
2	PL	26501	02	A	M	4	N	CPW	01
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

OFFENSES

<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small>				<small>Administrative Use Only</small>				Page 4	
PRINT NAME	ID#	SIGNATURE	SUPERVISOR NAME (PRINT)	ID#	APPROVED DATE	APPROVED BY SIGNATURE	of		
Gerald Fluno	0060	Electronically Signed	Sgt D Deegan	0118	06/17/2016	Approved Electronically	5		

CNYLEADS Narrative Supplement 1

AGENCY Syracuse Police Department		DR # [REDACTED]			
Person Type VI	Last Name [REDACTED]	First [REDACTED]	Middle	Suffix	Business Name

On Friday, 17 June 2016 at 0542 hours, while assigned to unit #480A, I responded to the City Food Mart located at 550 S. Salina St. in regards to a menacing in progress.

While en route to the above location, dispatched advised responding units that the suspect was a black male wearing black pants, red and black hat, who was still possibly in possession of a knife. As I arrived on scene, unit #432A Ofc. Tharrett, broad casted over the air that she has located one matching that description on the 500 block of S. Clinton St. I relocated to assist Ofc. Tharrett in placing the male matching the description into custody until further information is provided.

As other units arrived, I relocated back to the scene at 550 S. Salina St. to speak with the victim, [REDACTED] [REDACTED] who appeared to be very distraught, stated that while working the cash register at his family business, the suspect who was later identified as a [REDACTED] approached the counter asking for free coffee. [REDACTED] stated that when he denied [REDACTED] he free coffee, he became highly irate and walked out of the store. [REDACTED] then explained that [REDACTED] began pounding on the door that is used to enter the store. [REDACTED] stated that he then walked out and had politely asked [REDACTED] to leave because he was disturbing the stores normal business hours. [REDACTED] stated that [REDACTED] refused to leave and pulled out a black handled steak knife with a grooved edge about 5-6 inches in length. [REDACTED] then stated that [REDACTED] began to "jab" the knife towards him while yelling "you are Arabic and you kill people, I am going to kill you". [REDACTED] stated that after backing away several times he was able to get back inside the store and make a call for police as he was in fear of his life. [REDACTED] stated that while on the phone with police, [REDACTED] had left for about a minute and returned to the store with the knife still in hand. [REDACTED] stated that [REDACTED] came inside the opening of the door and began waving the knife once again shouting "If I go to jail, I will kill you. I will have my people shoot you". At that time, [REDACTED] stated that he believes [REDACTED] saw the police car and began to run towards the intersection at S. Salina St and W. Onondaga St. to avoid being caught.

After speaking with [REDACTED] I spoke with another caller and the witness of the incident, [REDACTED]. [REDACTED] provided a very similar story as [REDACTED]. Shortly after locating [REDACTED] and [REDACTED] one at a time they were relocated to the 500 block of S. Clinton St. to conduct the show up identification process. Both [REDACTED] and [REDACTED] positively identified [REDACTED] as the suspect. Subsequently, [REDACTED] was placed under arrest and transported to the justice center.

It was also noted that camera footage will be available to view, and a request view the footage of the incident was submitted.

For further information regarding this incident, see attached statements provided by both [REDACTED] and [REDACTED]

Unit #536A, Ofc. Taylor/ET was notified.

Unit #412A, Sgt. Raymond was notified.

Case closed, by arrest.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLA AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page 5
PRINT NAME Gerald Fluno	ID# 0060	SIGNATURE Electronically Signed	SUPERVISOR NAME (PRINT) Sgt D Deegan	ID# 0118
		APPROVED DATE 06/17/2016		APPROVED BY SIGNATURE Approved Electronically
				of 5

CENTRAL RECORDS



Crime Scene Unit Service Request Work Sheet

FAX: 315-442-5239
Email: CSU@syracusepolice.org

Date: 06/17/2016

D.R. [Redacted]

Incident Type: Menacing

Requesting Agency: Syracuse Police Dept

Requested by: P.O A. Tharrett 386

Contact #: (315) 212-5342

Authorized by: Sgt. Raymond

Date Needed: any

- Request for:
- ☐ Photo Disc Copy
 - ☐ Photo Duplication
 - ☐ Photo Array
 - ☐ Film to Disc
 - ☒ Video Copy
 - ☐ Image Capture
 - ☒ Video Disc/Tape Copy
 - ☐ Sketch
 - ☐ Supplies
 - ☐ Photography
 - ☐ Photographs (SPD only)
 - ☐ Other:

Give detailed description of request:

Surveillance video footage of a menacing incident that occurred on the above date at approximately 0542 hours at the City Food Center located at 550 S. Salina St.

Suspect 1 Description: black male last seen wearing a dark grey colored hoodie blue jeans and black sneakers

Suspect 2 Description:

Internal Use Only:

Type/Quantity of media Received:

Date Seal Opened: Time Seal Opened: Opened by:

Date Resealed: Time Resealed: Resealed by:

Recording Speed:

Media Provided/Returned To: /

- Print Signature
- ☐ Discs made
 - ☐ Arrays made
 - ☐ Videos copied
 - ☐ Images captured
 - ☐ Sketches made
 - ☐ Photos made
 - ☐ Proof Sheets
 - ☐ Other:

Notes:

Assigned to:

Date Completed: 6/22

Completed by: F. Ky 91

[People](#) » [Wanted](#) » [Entry](#) [\[+\]](#) [Feedback](#)**Wanted Entry****A wanted record was successfully entered for:** [REDACTED]**Associated Charge**

-- Menacing-2nd:Weapon

Title	Section	SubSection	Class	Category	Degree	NCIC Code
PL	120.14	01	A	M	2	1316

Extradition (EXT)

The wanting agency has indicated it will extradite from Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, and Oswego counties and counties adjacent to the county in which the wanting agency is located.

Extradition Limitation (EXL):**Wanted By**

[Syracuse City Police Department](#) ([REDACTED])
511 S State St, Syracuse, NY 13202;
(315)442-5188

Warrant Data

Name: [REDACTED]	Social Security Number (SOC): [REDACTED]
Birth Date (DOB): [REDACTED]	New York State ID No. (NYSID): [REDACTED]
Place of Birth (POB): NY	FBI Number (FBI): [REDACTED]
Sex: Male	WPR#: [REDACTED]
Race (RAC): Black	NCIC Number: [REDACTED]
Skin Tone (SKN):	ORI Case Number (OCA): [REDACTED]
Ethnicity (ETN):	Citizenship (CTZ): [REDACTED]
Eye Color (EYE): Brown	Notify Originating Agency of All Hits: [REDACTED]
Hair Color (HAI): Black	Docket Number (DKT): [REDACTED]
Height (HGT): 5'08"	Warrant Number (WNO): [REDACTED]
Weight (WGT): 165	Date of Warrant (DOW): August 2, 2016
Area Of Responsibility (RSP):	Type of Warrant: Bench Warrant
Wanted Type: Adult Want	Date of Entry: August 2, 2016
Court ORI (CTI):	Linking Agency (LKI):
DNA Profile (DNA):	LKI Case Number (LKA):
DNA Location (DLO):	
Fingerprint Class (FPC):	
Address: [REDACTED]	

Status of Warrant: Issued - a warrant has been signed by an empowered authority**Supplemental Data/Identifying Number**

Names: [REDACTED]
MISC. (MIS): [REDACTED] WAREX F/ MENACING 2ND/ EXTR TROOP C & E /CONTACT WARR SQUAD

Destination ORIs: